Running Head: PHYSICIAN SATISFACTION AT KELLER ARMY COMMUNITY HOSPITAL, WEST POINT, NEW YORK

Physician Satisfaction at Keller Army Community Hospital

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13. ABSTRACT *(Maximum 200 words)*

PURPOSE: The purpose of this study was to examine the satisfaction level of physicians at Keller Army Community Hospital (KACH), West Point, New York. The reason for conducting this study was to provide the senior leadership at KACH information they can use to enhance the process and the quality of care that is provided within the organization. *METHODS:* This was a descriptive, cross-sectional study that was conducted in January 1998. The study measured physician satisfaction by distributing a 27-item questionnaire to the entire physician staff at KACH (N=33). The response rate was 82% (N=27). *RESULTS:* More than two thirds (67%) of the physicians at KACH were very satisfied with their overall professional practice. KACH physicians were most satisfied with the quality of the pharmacy and radiology staff, their ability to practice according to their best judgment, the professional abilities of their peers, and the quality of care they are able to provide. KACH physicians were least satisfied with the efficiency in which they are able to practice, the ability to help form policies, the amount of time they have for family, and their salary/income. *CONCLUSIONS:* The results of this study indicate that the majority of KACH physicians are satisfied with being staff members of KACH. Further research would be required to determine the future level and trends of physician satisfaction at KACH.

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Abstract

Physician satisfaction is a critical determinant of job performance and has a significant impact on the process of care. Examination of physician satisfaction explores the health care providers' perception of the profession and the job. Knowledge of physician satisfaction offers insight into the provider-client relationship and other essential components associated with health care delivery. **Purpose:** The purpose of this study was to examine the satisfaction level of military physicians at Keller Army Community Hospital (KACH), West Point, New York. The reason for conducting this study was to provide the senior leadership at KACH with information they can use to enhance the process and the quality of care that is provided within the organization. **Methods:** This was a descriptive, cross-sectional study that was conducted in January 1998. The study measured physician satisfaction by distributing a 27-item questionnaire to the entire military physician staff at KACH (N=33). The response rate was 82% (N=27). **Results:** More than two thirds (67%) of the physicians at KACH were very satisfied with their overall professional practice. KACH physicians were most satisfied with the quality of the pharmacy and radiology staff, their ability to practice according to their best judgment, the professional abilities of their peers, and the quality of care they are able to provide. KACH physicians were least satisfied with the efficiency in which they are able to practice, the ability to help form policies, the amount of time they have for family and personal life, and their salary/income. **Conclusions:** The results of this study indicate that the majority of KACH physicians were satisfied with being staff members at KACH. The high physician satisfaction levels are in sharp contrast to the widespread organizational dissatisfaction of KACH employees in 1995-96. Further research would be required to determine the future level and trends of physician satisfaction at KACH.

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Introduction

This study is designed to examine the satisfaction level of military physicians at Keller Army Community Hospital (KACH), West Point, New York. The study first determines what the physician satisfaction level is at KACH, then compares the results to satisfaction levels of other military physicians at two similar sized Army medical treatment facilities (MTFs) in the North Atlantic Regional Medical Command (NARMC), and seven additional Army MTFs within the Military Health Service System (MHSS). Although a vast amount of research has been conducted over the past decade on civilian physicians in various practice settings, very few studies address military physician satisfaction in Army treatment facilities. Furthermore, there is no recorded evidence of physician satisfaction ever being quantitatively measured at KACH.

Physician satisfaction is a critical determinant of job performance and has a significant impact on the process of care. Examination of physician satisfaction explores the health care providers' perception of the profession and the job. Knowledge of physician satisfaction offers insight into the provider-client relationship and other essential components associated with the delivery of quality care (Weisman & Nathanson, 1995). Obtaining information about how health care providers perceive their work is critical to the improvement of working conditions and can serve as a tool for health care executives to use when formulating and developing organizational strategies and when making policy decisions (Kravitz, Thomas, Sloss, and Hosek, 1993).

The aim of this study is to examine physician satisfaction at KACH. The reason for conducting this study is to provide the senior leadership at KACH information they can use to enhance the process and the quality of care that is provided within the organization. The

information provided from this research should enable the hospital's leadership to better determine the needs of the physician staff and the organization as a whole, when making day to day management decisions and when formulating future hospital policies.

Conditions which Prompted the Study: Over the past several years the civilian and military health care systems within the United States have gone through a dynamic period of change. Health care delivery systems have continually adjusted to meet many of the new challenges put forth by the American public. But in an era when resources continue to be reduced and costs continue to rise, health care organizations have had to change the way they do business in order to meet the needs of the patients they support.

The MHSS is also being challenged to change the way it has traditionally provided health care to its beneficiary population. A reduction in defense spending, the downsizing of the Army Medical Department (AMEDD), and the transition into managed care have all resulted in a tremendous amount of organizational change. Throughout this period of change, the emphasis has remained on maintaining high standards of quality care and delivering care in a more patient-focused environment.

In 1993, the leadership at KACH focused a great deal of their attention on formulating their own response to many of the changes that had already occurred in the health care arena, and to prepare for the changes they anticipated in the upcoming years. During this planning process, the leadership decided that the traditional hospital bureaucracy, that existed at KACH at the time, had resulted in too many inefficiencies and operational redundancies. The leaders also felt incremental organizational change would not be sufficient enough to keep pace with the overwhelming changes occurring in health care. As a result, the hospital's senior

leadership adopted a completely new approach to management. The result was the creation of a non-traditional hospital structure and management philosophy (Bauchman, 1996).

After an extended period of planning, the implementation of these radical organizational changes began at KACH in late 1994. Most of the organizational changes were completed by the spring of 1996. Unfortunately, many of the results KACH's senior leadership envisioned from this reengineering effort, fell far short of the day to day realities of health care delivery within the hospital. The staffs discontent and concerns during this reengineering process were expressed in two separate employee surveys. A "Vision Gap" survey conducted in September 1995 and a "Cultural Climate Survey" conducted in August 1996, showed a widespread amount of dissatisfaction within the organization. The struggle to cope with significant organizational change and still deliver high quality care, began to take a toll on the hospital's staff. KACH became somewhat of a dysfunctional organization.

In June 1996, a new commander was in place at KACH. Concerned about the hospital's ability to provide high quality, accessible health care and the apparent dysfunctional state of the organization, the new senior executive re-examined the hospitals organizational structure and culture. Several changes were made in order to enhance the quality of care and enable the hospital to function in a more efficient and effective manner.

Almost two years after completing a gradual shift back to a more traditional organizational structure, the hospital's staff has become more clearly focused on delivering high quality care. Recent patient satisfaction surveys, conducted by the Office of the Assistant Secretary of Defense for Health Affairs, show that the vast majority of KACH's beneficiaries are extremely satisfied with the access and quality of care they receive. These surveys also indicate that patients are very satisfied with the hospital's staff. This high patient satisfaction

resulted in KACH being awarded the MHSS Customer Satisfaction Award (April - September 1997) for having the highest patient satisfaction scores when compared to all other Army hospitals. Another indicator demonstrating KACH's commitment to delivering high quality, accessible health care includes the above average survey score and recent three year reaccreditation from the Joint Commission on the Accreditation of Health Care Organizations (JCAHO).

With some indication that patient satisfaction levels at KACH were fairly high and quality care was being delivered, the senior leadership within the hospital wanted to determine if the feelings and attitudes of the staff had changed over the past 18 months. A study of military physician satisfaction was conducted to assist the leadership in determining if satisfaction levels had rebounded from the 1995 and 1996 levels. Physician satisfaction was examined because it is a critical determinant of job performance and therefore effects the process of care within a health care organization. Knowledge of physician satisfaction offers insight into the provider-client relationship and other essential components associated with the process of delivering quality care (Weisman & Nathanson, 1995).

Statement of the Management Questions: This study asks the question; what is the level of physician satisfaction within Keller Army Community Hospital. After determining the answer to this question, this study then examines how physician satisfaction levels at KACH compare to physician satisfaction levels in two Army MTFs within the NARMC and seven other military MTFs within the MHSS.

By obtaining data on how physicians perceive their profession, their practice, and their working environment, KACH's senior leaders can potentially improve quality of care, staff moral, and patient satisfaction. By providing valid, reliable and timely information on

physician satisfaction and comparing it to satisfaction levels within other health care organizations, KACH's leaders may also be able to improve management processes affecting the entire organization.

Literature Review: Many previously conducted research studies show that the satisfaction and dissatisfaction of physicians can be measured reliably (Breslau, 1978; Lichtenstein, 1984), and that health care provider satisfaction levels may be linked with patient satisfaction (Linn, Yager and Cope, 1985; Weisman and Nathanson, 1995), and quality of care (Melville, 1994; Grol, 1985). Additionally, a number of studies provided evidence that physician satisfaction varies with several socio-demographic and professional characteristics, including age, specialty, practice setting, and income (Kravitz, Linn and Shapiro, 1990; Linn, Brook and Clark, 1985; Hilton, Butler and Nice, 1994).

Much of the existing literature examining physician satisfaction is comprised predominately of studies that involve civilian physicians in various practice settings. Research exploring military physician satisfaction within Army MTFs is not as abundant, and very few large scale studies have ever been conducted. The vast majority of literature that does exist, pertaining to Army physicians, deals with retention rates and retention predictors among Medical Corps officers. A large body of research has been devoted in the attempt to understand and determine the factors affecting retention.

When it comes to military physician satisfaction, only a few large scale studies were conducted. Two of the larger studies examining physician satisfaction in military MTFs were conducted in 1976 and 1984. One of the studies conducted by Mangelsdorff and Hubbart (1976), examined physician satisfaction with military medicine. Their findings were gathered from 1,367 Army Medical Corps officers at 22 MTFs throughout the United States. Their

analysis examined respondents' attitudes toward a variety of aspects of medical care. The research revealed an overall feeling of satisfaction with military medicine. Physicians taking part in the survey were most satisfied with the quality of pharmacy and radiology services, the overall quality of medicine within their organizations and the quality of their peers. Physicians were least satisfied with the number of examining rooms available and the number of ancillary personnel made available to assist them (Mangelsdorff and Hubbart, 1976). The latter study conducted by Bristow, Quintana, and Boone (1984), indicated widespread dissatisfaction among military physicians with regards to salary, logistical support, and paperwork requirements. The study also showed a consistent relationship between greater autonomy and higher satisfaction levels (Bristow, Quintana and Boone, 1984).

Another large scale and more recent study exploring physician satisfaction in the military was conducted in 1995, for the Department of Defense (DoD), as part of a primary care demonstration project. This study examined physician, nurse practitioner, and physician assistant job satisfaction in seven Army MTFs located throughout the MHSS. The numeric data collected from this 1995 survey was used for comparison with the data collected from this current study of KACH physicians. This is possible because the survey instruments used in both studies are very similar and were developed from the same source document. The results of the 1995 provider satisfaction study revealed that the majority of the participants surveyed were satisfied most of the time with the quality of care they provided and the quality of their peers. The study also indicated providers were somewhat dissatisfied with the pace and continuity of their military practice, their salary, the ability to help form policies within their facilities, and the amount of family time made available to them (Mark, Byers and Mays, 1997).

Kravitz et al. (1993) surveyed 1,197 military physicians throughout the United States in an attempt to better understand the sources of professional satisfaction and dissatisfaction with military medical practice. The largest percentage of physicians they surveyed were found to be very or somewhat satisfied with the professional abilities of their peers, the ability to practice medicine according to their best judgment, and the quality of care they were able to provide. The respondents' were least satisfied with salary, quality of clerical support, and the ability to help form policies within their organization. High levels of overall satisfaction were also associated with lighter workloads, decreased working hours, fewer outpatient visits per week, and less time spent on call (Kravitz et al., 1993).

Another physician satisfaction study conducted by Blount, LeClair, Miser, Maness, Schirner, Weightman, and Jones (1995), explored how satisfied Army physicians were with being family physicians as well as military officers. Their survey included 274 of the 334 Army family practitioners on active duty in 1993. Using a scale of 1 to 4 (1=Definitely Satisfied and 4=Definitely Dissatisfied) the mean rating for satisfaction with being a family physician was 1.369. The mean rating for satisfaction with being a military officer was 2.004. The study demonstrated that Army family physicians are quite satisfied with being both family physicians and military officers. The Blount study also found that the most important factors in explaining satisfaction for Army family physicians, were rank and the percentage of time spent in patient care. The higher the rank and the more time spent seeing patients, the more satisfied the respondents' tended to be (Blount, LeClair, Miser, Maness, Schirner, Weightman and Jones, 1995).

Statement of Purpose: The primary purpose of this study is to determine the level of physician satisfaction at Keller Army Community Hospital. The data for the study was

obtained from a 27-item, self-administered questionnaire. The questionnaire was distributed on January 20, 1998, to the entire military physician staff assigned at KACH.

The dependent variable in this study is physician satisfaction itself. For the purpose of this study, satisfaction is defined as an overall feeling of contentment or gratification (Webster's, 1994). Physician satisfaction describes the feeling of contentment or gratification physicians have for various aspects of their professional practice and job environment. Physician satisfaction in this study is affected by 27 independent variables.

The 27 independent variables are broken down into seven constructs. They include: (1) quality of care, (2) pace and continuity of practice, (3) quality of support staff, (4) rewards of military practice, (5) personal time, (6) single item facets, that range from the ability to help form policy within a facility to the amount of time spent practicing outside a designated specialty, and (7) global indicators that deal with overall satisfaction with professional practice and work setting. See Appendix A for a list of the constructs and related survey questions. All seven constructs and the 27 independent variables combined provide a good overall assessment of physician satisfaction in a military health care setting.

Once the level of physician satisfaction at KACH is determined, the supporting objective and secondary purpose of this study is to compare the satisfaction level with two other treatment facilities in the NARMC and seven other MTFs with the MHSS. Throughout the entire study the dependent variable, physician satisfaction, remained the same. But, when conducting the comparison of KACH's physician satisfaction to other organizations, each survey instrument used varied slightly. This resulted in some additional independent variables being measured in the survey of KACH physicians.

Methods and Procedures

Study Design: This physician satisfaction survey is a descriptive, cross-sectional study that was conducted in January 1998. Descriptive studies are used to determine the who, what, when, where, and how much of a particular variable exists (Cooper and Emory, 1995). In this study, the variable measured was physician satisfaction. Cross-sectional designs are traditionally used to estimate population parameter (Oleske, 1995) and cross-sectional studies are conducted to represent a snapshot of one particular point in time (Cooper and Emory, 1995). In this study the population parameter measured was the actual degree of physician satisfaction, which represented the attitudes of the military physician staff at KACH in January 1998.

Although this study is cross-sectional in nature, a longitudinal study could easily be developed by conducting additional physician surveys in the future. By using the same survey instrument and similar data collection methods and procedures, one could compare the findings of future surveys with the data collected from this study. By doing this, KACH's senior leadership may be better able to identify possible trends in physician satisfaction levels.

The data used for comparison with physician satisfaction levels at KACH was obtained from the results of physician satisfaction surveys sent to two other selected MTFs within the NARMC. Data for further comparison of physician satisfaction within the MHSS was obtained from a previously conducted provider satisfaction survey of physicians at seven other MTFs within the MHSS. By conducting a secondary data analysis on this existing data, the level of physician satisfaction at KACH may be more accurately benchmarked in comparison to other military MTFs.

Survey Instrument: The 27-item satisfaction questionnaire used in this study was adapted from a 22-item questionnaire created by Kravitz et al. (1993). The questionnaire was chosen because it was designed to measure the professional satisfaction of military physicians. The reliability and validity of this instrument has also been carefully documented. See Appendix B for a copy of the 27-item questionnaire developed for this study.

A few changes have been made from the original Kravitz questionnaire in order to increase the uniformity of the questions being asked and to tailor specific questions to the organizations involved in this study. The first change to the original questionnaire involved altering the verbal anchors for the five point rating scale. These anchors were changed from; "Very Dissatisfied, Somewhat Dissatisfied, Neither Satisfied nor Dissatisfied, Somewhat Satisfied, and Very Satisfied" to "Never Satisfied, Sometimes Satisfied, Usually Satisfied, Satisfied Most of the Time, and Always Satisfied." This change was made in an effort to enhance the continuity of the rating scale (Hays, Sherbourne and Mazel, 1995; Pascoe, 1983) and to define satisfaction in terms of a time continuum from never to always.

Another change involved adding a "Not Applicable" response option. This was added to the rating scale in order to assess the components of satisfaction that physicians considered irrelevant to their role in a military MTF. It also allowed physicians to respond to questions that truly did not pertain to them, instead of leaving the question unanswered.

The last change made to the original Kravitz questionnaire was the inclusion of five additional questions. The five questions (10, 12, 15, 16, and 17 on the current survey instrument) were primarily added to obtain a more complete assessment of physician satisfaction levels with regards to ancillary and support staff within the organization.

The actual survey instrument that was used in this study was a 27-item questionnaire, with responses being measured on a five point Likert scale (1=Never Satisfied, 2=Sometimes Satisfied, 3=Usually Satisfied, 4=Satisfied Most of the Time, and 5=Always Satisfied). The 27 questions are sorted into six multi-item satisfaction subscales (Quality of Care, Pace and Continuity of Practice, Quality of Support Staff, Rewards of Military Practice, Personal Time, and overall Global Facets), leaving five questions standing alone to be measured as single item facets.

Reliability and validity established by the use of this type of instrument, to measure physician satisfaction, was shown by Kravitz et al. (1993) and Mark et al. (1997). Both of these previous studies reported relatively high degrees of internal consistency for the survey instrument when used in a military health care setting. Alpha coefficients for the subscales of the original questionnaire in the Kravitz study ranged from 0.65 to 0.89 (0=No Reliability and 1=Perfect Reliability). A very similar survey instrument used in the DoD Provider Satisfaction Study showed excellent internal consistency with an alpha coefficient of 0.93.

Content validity for the 27-item questionnaire used in this study was established by having a panel of three senior military physicians at KACH review the survey instrument. The panel was responsible for assuring all 27 questions listed in the questionnaire represented an accurate and applicable measurement for defining physician satisfaction in a military health care setting. The reviewing physicians recommended only minor changes be made to the 27-item questionnaire.

Sampling Technique: The population for this study is all of the military physicians at KACH. A sample of this population was obtained by distributing a self-administered questionnaire to all of the military physicians assigned to KACH on January 20, 1998. The

names and clinical assignment of each military physician assigned at KACH was obtained from the hospital's personnel database. This database lists all of the current hospital employees. The hospital's Chief of Personnel identified the names and the clinical assignments of each military physician at KACH. This list of names was then re-verified by the hospital's Deputy Commander for Clinical Services. This was done to ensure that all military physicians were properly identified for the purpose of receiving an individual questionnaire. The data collected for this study was obtained from military physicians at KACH who completed and returned the individual questionnaires.

The data collected represents the satisfaction level of KACH's assigned military physicians. This data was then compared to the data collected from other selected MTFs within the NARMC and the MHSS. The other MTFs that participated in this study used a similar survey instrument and sampling technique. Administrative Residents assigned to the other MTFs within the NARMC assisted in identifying assigned physicians at their facilities and distributing the questionnaires. Prior approval was obtained from each participating MTF Commander before survey questionnaires were sent out. Appendices C, D and E are copies of the actual cover letters from each command and the survey instruments that were sent out to all participants included in this study.

The data collected from KACH and the NARMC was also compared to the results of a DoD provider satisfaction survey that was conducted in June 1995. The results from the 1995 survey were obtained from a technical report prepared by the staff of the Center for Health Education and Studies, AMEDD Center and School, Fort Sam Houston, Texas. A fairly accurate comparison of both sets of data is possible since the survey instrument used in each study was developed from the same source and is similar in structure and content.

All of the data collected and compared in the KACH and NARMC study was reported in a one-page report card style format. See Appendix F for a sample of the report format. This reporting style was developed from a patient satisfaction survey report, created by the Office of the Assistant Secretary of Defense for Health Affairs. This particular report format was chosen for this study because of its simplistic design and easily understood statistical reporting methods.

Data Collection: The satisfaction survey developed for this study was distributed on January 20, 1998. With each individual questionnaire, a return addressed envelope was attached along with complete instructions for filling out the survey. As noted earlier, Administrative Residents at other selected MTFs within the NARMC assisted in this study by distributing and collecting survey materials. On the back side of the survey form a request was made to the survey recipients to complete and return the survey by January 31, 1998.

As surveys were returned, they were reviewed to ensure they were completed correctly. Once this was accomplished, the information from each questionnaire was entered into a Statistical Software Package for the Social Sciences (SPSS) data file. When all of the individual data was completely entered, it was then re-verified to ensure no errors were made during the initial data entry process. A statistical analysis of the data was then conducted. The descriptive statistics reported by SPSS were then put into context and compared with the data from the other medical facilities.

Participant Confidentiality: All survey participants taking part in this study were assured in writing that their responses would be held in the strictest confidence. The methods used to collect and analyze the data for the study assured anonymity of the respondents. No biographical information about survey participants was collected due to the concern of being

able to identify actual survey respondents in such a small sample population. Attaching return addressed envelopes to each questionnaire also protected the respondents anonymity. Furthermore, return addresses of respondents were not requested nor any means of coding the survey instrument was used in an attempt to identify those participating in the study.

Results

Sample Size and Response Rate: A total of 95 physician satisfaction questionnaires were distributed. Thirty three physicians at KACH received questionnaires and a combined total of 62 additional questionnaire were distributed to the physicians at two other Army MTFs within the NARMC. Of the 33 questionnaires distributed at KACH, 27 were completed and returned by February 15, 1998, resulting in a 82% response rate. A total of 58 out of the 62 surveys sent to other physicians within the NARMC were completed and returned by February 8, 1998, resulting in a 94% response rate from the other Army MTFs that were selected to participate in this study.

It must be noted that only aggregate data gathered from the other Army MTFs within the NARMC was used for comparison with physician satisfaction levels at KACH. Each participating MTF commander received an individual report with the results of the physician satisfaction level at their facility. See Appendices G and H for the individual MTF report cards that were prepared and provided to the Commanders of each MTF. Since the primary purpose of this study was to determine the level of military physician satisfaction at KACH, further results and the follow on discussion will be focused on the data obtained from the military physicians at KACH.

Satisfaction and Dissatisfaction of KACH Physicians: Using a Likert Scale of 1 to 5 (1=Never Satisfied and 5=Always Satisfied) physicians at KACH were most satisfied with the quality of the pharmacy staff, the quality of the radiology staff, their ability to practice according to their best judgment, the professional abilities of the physicians within their organization, and the quality of care they are able to provide to their patients. KACH physicians were least satisfied with the efficiency in which they are able to practice within their facility, the ability to help form policies within their organization, the amount of time they have for family and their personal life, and their salary/income. See Table 1 for the mean scores and standard deviation of the highest and lowest rated areas of satisfaction at KACH.

Table 1
Mean scores and standard deviation of highest and lowest rated areas of satisfaction at Keller Army Community Hospital

QUESTION (#)	N	MEAN	STD. DEVIATION
HIGHEST RATED AREAS			
Quality of pharmacy staff (Q15)	27	4.52	.6427
Quality of radiology staff (Q17)	27	4.44	.8699
Ability to practice according to best judgment (Q6)	27	4.41	.7971
Professional abilities of the physicians within your facility (Q25)	27	4.22	.7511
Quality of care you are able to provide (Q5)	27	4.15	.9074
LOWEST RATED AREAS			
Efficiency with which you are able to practice in your facility (Q7)	27	2.44	1.12
Ability to help form policies within the organization (24)	27	2.59	1.12
Amount of time you have for your family and personal life (Q21)	27	2.63	1.04
Your income/salary (Q19)	26	2.73	1.54

Refer to Appendix I for a complete listing of the mean scores and standard deviation of all 27 variables included in this study of military physician satisfaction at KACH .

Satisfaction when measured by the greatest percentage of physicians responding with "Always Satisfied" (5 on Likert Scale) or "Satisfied Most of the Time" (4 on Likert Scale) corresponds closely with the overall highest mean scores reported. See Figure 1 for the five highest rated areas on the physician satisfaction survey, based on the number of physicians who reported being "Always Satisfied" or "Satisfied Most of the Time."

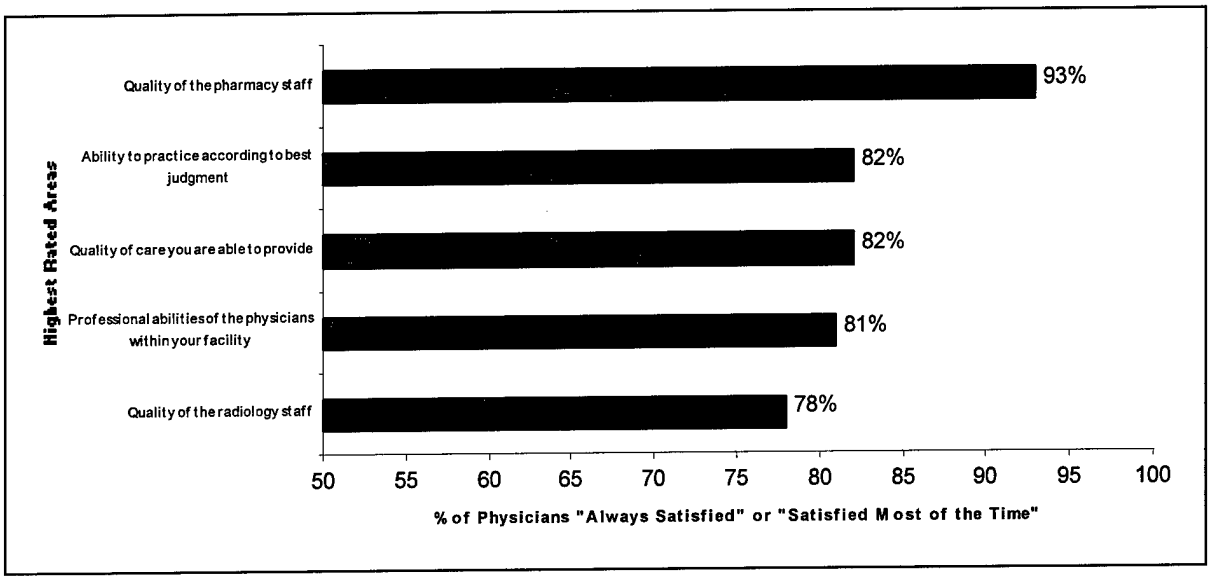

Fig. 1. Highest rated items on physician satisfaction survey based on percentage of physicians responding with "Always Satisfied" or "Satisfied Most of the Time"

Those areas receiving the lowest overall mean satisfaction scores also correspond closely with the largest percentage of physicians responding with "Never Satisfied" (1 on Likert Scale) or "Sometimes Satisfied" (2 on Likert Scale) on the survey questionnaire. See Figure 2 for the lowest rated areas on the physician satisfaction survey based on the number of physicians who reported being "Never Satisfied" or only "Sometimes Satisfied." Refer to Appendix J for a statistical frequency analysis of all 27 items included in the survey questionnaire.

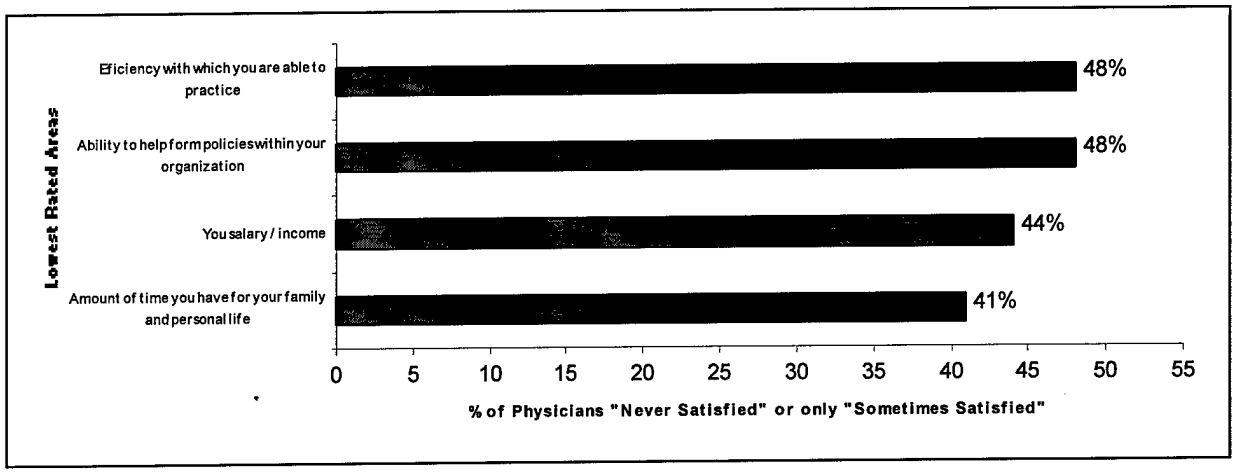

Fig. 2. Lowest rated items on physician satisfaction survey based on percentage of physicians responding with "Never Satisfied" or only "Sometimes Satisfied"

Comparison of KACH Physician Satisfaction With the NARMC and the MHSS: The five items attributed with the highest satisfaction levels, by physicians at KACH, were also the highest mean scores for those same items when compared with the other surveyed MTFs within the NARMC and the MHSS. See Table 2 for a comparison with NARMC and the MHSS of the five top rated areas as ranked by KACH physicians.

Table 2
Comparison of KACH's highest satisfaction scores with those from the NARMC and the MHSS

HIGHEST RATED AREAS AT KACH	KACH MEAN SCORE	NARMC MEAN SCORE	MHSS MEAN SCORE
Quality of pharmacy staff	4.52	4.42	NA
Quality of radiology staff	4.44	4.24	NA
Ability to practice according to best judgment	4.41	3.96	4.07
Professional abilities of the physicians within your facility	4.22	3.94	3.97
Quality of care you are able to provide	4.15	3.66	3.90

Similar to the highest rated areas, the four areas KACH physicians were least satisfied

with, were shown to be the lowest scores when compared to the other selected MTFs within the NARMC and the MHSS. See Table 3 for a comparison with NARMC and the MHSS of the four lowest rated areas as ranked by KACH physicians.

Table 3
Comparison of KACH's lowest satisfaction scores with those from the NARMC and the MHSS.

LOWEST RATED AREAS AT KACH	KACH MEAN SCORE	NARMC MEAN SCORE	MHSS MEAN SCORE
Efficiency with which you are able to practice in your facility	2.44	2.59	3.40
Ability to help form policies within the organization	2.59	2.84	3.11
Amount of time you have for your family and personal life	2.63	3.01	3.17
Your income/salary	2.73	2.93	3.26

Refer to Appendix K for a comparison report of physician satisfaction scores at KACH with those from the NARMC and the MHSS on all 27 items listed in the survey questionnaire.

Written Comments: Although more than two thirds (67%) of the physicians at KACH considered themselves "Always Satisfied" or "Satisfied Most of the Time" with their overall professional practice, most of the written comments, reported on the back of the survey form, were predominately negative. Refer to Appendix L for a listing of the physicians written comments about their level of satisfaction at KACH. The written comments themselves, tended to focus on a lack of trained ancillary personnel, the disenchantment of physicians with non-patient care duties, and a concern for the lack of automation support within the facility. When comparing the written comments received from physicians at KACH with those received from the other MTFs within the NARMC, KACH physician's comments tended to

be less negative. See Appendices M and N for a list of the written comments received from the physicians at the other MTFs surveyed within the NARMC.

Discussion

This study surveyed military physicians assigned to Keller Army Community Hospital, West Point, New York, as well as, the physician staffs at two similar Army MTFs within the NARMC. Results from these surveys were then compared to those obtained from seven other Army MTFs within the MHSS. Response rates to the survey questionnaires sent out in January 1998 were very good. KACH had an 82% response rate and the combined average response rate from the other selected MTFs within the NARMC reached 94%. The high response rate is most likely attributed to the concise nature of the questionnaire, the interest physicians had in the topic, and the tremendous amount of support the survey received from each of the MTF Commanders selected to participate in the study.

In general, the overall response by physicians at KACH was one of satisfaction. Over two thirds (67%) of the physicians surveyed, responded as being "Always Satisfied" or "Satisfied Most of the Time" with their overall professional practice. KACH physicians' exceeded the overall satisfaction levels of physicians within the NARMC, where just over half (51%) of the physicians surveyed reported to be "Satisfied Most of the Time" with their professional practice. No physicians at the two other NARMC facilities responded with being "Always Satisfied." But, when compared to the overall MHSS average, KACH physicians fell short of the 83% of MHSS physicians who report being "Always Satisfied" or "Satisfied Most of the Time" with their overall professional practice.

When more closely examining the individual variables influencing physician satisfaction, KACH's physicians were most satisfied with the quality of the pharmacy and radiology staff. The level of satisfaction reported by KACH physicians with these two departments exceeded those reported by the physicians within the NARMC with regards to the same two departments. This indicates the extremely high level of satisfaction physicians at KACH have for the quality of the pharmacy and radiology staff. Over 90% of the physicians at KACH considered themselves "Always Satisfied" or "Satisfied Most of the Time" with the quality of both departments. In addition, of the 90% who were satisfied, more than half (60%) of the physicians considered themselves "Always Satisfied" with the pharmacy and radiology staff.

These particular findings are supported, in part, by a 1976 study conducted by Mangelsdorff and Hubbart, who found that pharmacy and radiology services were consistently ranked among the highest in terms of physician satisfaction. The high level of satisfaction for both the pharmacy and radiology departments at KACH may be attributed to several of the same factors. First, KACH is a relatively small hospital, with a combined military staff of only 78 officers. KACH's radiology department has only one radiologist who is assigned as the chief of the department. The pharmacy has only one military pharmacist assigned who also serves as the chief pharmacist. Both of these officers have been with the organization for over three years. As a result, their areas of responsibility are well established and operate quite efficiently.

In extensive personal interviews with several members of KACH's physician staff, it was apparent that the physicians at KACH have a high degree of confidence in the technical abilities and the expertise of both the chief pharmacist and radiologist who are assigned to

KACH. In addition to the high degree of confidence KACH physicians place in the hospital's pharmacist and radiologist, each department's upbeat customer service attitude, individualized care, and responsiveness to physicians needs were all noted as some of the reasons for such high satisfaction scores.

When examining the remaining three variables that physicians are most satisfied with, KACH physician scores once again exceed those reported by the NARMC, and additionally, those scores reported in the MHSS study. The ability to practice according to ones best judgment, the professional ability of peers, and the quality of care provided, all received relatively high ratings from the physicians at KACH.

These results are very similar to a 1993 study of military physicians conducted by Kravitz et al. In the Kravitz study, it was reported that the greatest percentage of physicians surveyed, were very satisfied with the professional abilities of their peers, the quality of care they were able to provide, and their ability to practice medicine according to their best judgment. The findings from the KACH physician satisfaction study are also similar to the 1976 study of military physicians conducted by Mangelsdorff and Hubbart. In their study, the military physicians surveyed were most satisfied with the quality of the military medicine practiced within their facility and the quality of their peers.

When taking a closer look at the individual variables that influenced physician dissatisfaction, KACH physicians' attitudes closely resemble those of physicians within the NARMC but are only vaguely similar to those physicians who were surveyed within the MHSS. KACH physicians were least satisfied with the efficiency with which they are able to practice, their ability to help form policies, the amount of time they have for family, and their salary/income. Physicians surveyed within the NARMC were also least satisfied with these

areas, but in addition showed high levels of dissatisfaction with the ability afforded to them to acquire new medical skills, and the extent to which their practice has met their expectations. On the other hand, physicians surveyed within the MHSS were least satisfied with the continuity of patient care they are able to provide and the amount of time they are able to spend with each patient.

The attitudes held by physicians at KACH are not unlike those of physicians in the 1993 Kravitz study. Physicians surveyed in the Kravitz study were least satisfied with their ability to help form policies within their organization, their salary, and the quality of their clerical support. The dissatisfaction with salary and the amount of time available to spend with family also ranked among the lowest with military physicians, in terms of satisfaction, in a 1995 survey conducted by Blount.

Some of the reasons, stated by physicians at KACH, for these areas receiving such low satisfaction scores, centered around the quantity and quality of ancillary personnel, the hospital's poorly designed physical plant, and the inability physicians feel they have in influencing decisions within the organization.

During several personal interview sessions and in written comments on the back of the questionnaire form, KACH physicians repeatedly voice their discontent with the shortage of ancillary personnel assigned to assist them. This issue seems to stem from the low ancillary to provider staff ratio in KACH's Primary Care Clinics. Almost half of KACH's physicians are assigned to the Primary Care Clinics and most of the time there is only one soldier or civilian assigned to assist each physician when treating patients. This is also similar to the staffing at the two other NARMC facilities surveyed. But, this is in sharp contrast to the four to one ratio of ancillary to physician staff commonly practiced in many civilian health care organizations.

The satisfaction levels of KACH physicians also seem to be influenced by the hospital's aging physical plant. KACH was built over 20 years ago. Since its original construction only minor modifications have been made, even though major changes have taken place in the way health care is delivered. The lack of adequate space and the inefficient clinic design of both Primary Care and Surgery, add to the physicians' frustrations and their inability to efficiently care for patients within the facility.

Finally, many physicians discussed their perceptions of their inability to influence policy decisions within the organization. During several interviews, KACH physicians pointed to situations where day to day policy decisions were being made at all levels that influenced patient care, yet no input from the physician staff was ever sought. In other instances, advice and input may have been sought out, only to be disregarded when final policy decisions were made.

The differences in the areas of dissatisfaction between KACH, NARMC and the MHSS physicians surveyed may be attributed to the unique influence each command structure has on its own organization. Although there are many global factors that seem to be consistent throughout military physician satisfaction surveys (i.e. dissatisfaction with salary/income), many of the individual variables that influence physician satisfaction are impacted directly by local command structures, policies and personalities.

Conclusions and Recommendations

This study found that more than two thirds of the military physicians at Keller Army Community Hospital are "Always Satisfied" or "Satisfied Most of the Time" with their overall professional practice. Of the remaining one third, the majority indicated that they were

"Usually Satisfied." Not a single survey participant at KACH responded with "Never Satisfied" when asked to rate the overall satisfaction with their professional practice. In 19 of the 27 variables measured in this study, physicians at KACH were more satisfied than their peers within the NARMC and in more than half of the variables measured in this study, KACH physicians were more satisfied than their counterparts who were surveyed in the MHSS.

The results of this study indicate that the majority of KACH physicians surveyed are generally satisfied with being a staff member at KACH. These results are in sharp contrast to the widespread amount of dissatisfaction voiced by the hospital's staff in the previously conducted "Vision Gap" survey in 1995 and the "Cultural Climate" survey in 1996. Although very little quantitative data was produced from these two previous surveys, the qualitative data reviewed leaves little doubt about the overwhelming amount of discontent voiced by the KACH staff in the past. The predominantly high level of satisfaction measured in this study may indicate a certain degree of success that KACH's current leadership has had in changing the attitudes of the physician staff over the past 18 months.

As discussed previously, physician satisfaction levels have been linked to patient satisfaction (Linn, Yager and Cope, 1985; Weisman and Nathanson, 1995). This would indicate that high provider satisfaction should lead to high patient satisfaction and the converse should also hold true. This could also indicate that high physician satisfaction reported by KACH physicians may be linked to this organization's high patient satisfaction ratings. In fact, over the past 15 months, the vast majority of KACH patients who were surveyed by the Office of the Assistant Secretary of Defense for Health Affairs, reported being very satisfied with the care they received at KACH. As a result of these high patient

satisfaction ratings, KACH received a customer satisfaction award in February 1998, for having the highest overall level of patient satisfaction from April to September 1997, when compared to all other Army hospitals. Based on the finding from this study, that indicates relatively high provider satisfaction, further credibility may be given to previous studies linking provider satisfaction with patient satisfaction.

What might be most striking from the results of this study of KACH physician satisfaction, is the contrast between providers satisfaction with the quality of care they are able to deliver and the efficiency with which they are able to practice. Quality of care, the ability to practice according to ones best judgment, and the professional abilities of peers, rank among the highest with KACH physicians. Yet, the efficiency in which they are able to practice in their facility and the ability to help form policies in their organization rank among the lowest in terms of satisfaction. Apparently, this may lead one to conclude that physicians at KACH believe that, with a certain degree of effort, it is possible to deliver good quality health care despite structural inefficiencies that exist within the organization.

In any case, the areas of greatest relative dissatisfaction identified by this study can potentially be remediable by employing a variety of management techniques to facilitate efficiency within the organization, and to give physicians a greater sense of autonomy and control in forming organizational policies. Additionally, physician satisfaction levels at KACH could be positively impacted by providing physicians with more flexible schedules and raising their salaries.

While admittedly, the current Command at KACH has very little control over some of these suggestions (such as salary increases) other initiatives could be implemented with very little cost or effort. A closer look at the way care is delivered in KACH's patient care clinics

may uncover some inefficiencies that can be easily corrected. Developing a forum where the physician staff could provide direct input on hospital policy making issues can be very helpful for both the hospital staff and KACH's senior leaders. Examining current work schedules may result in creative ways to give physicians at KACH some additional time off. All of these recommendations center around effective communication between the physician staff and KACH's senior leadership. This study, and similar future studies, may serve as one way to foster such communication.

Since this study was designed to examine the satisfaction level of physicians at KACH, it is exploratory in its nature and its results are meant to be descriptive rather than conclusive. The findings from this study represent a given physician populations satisfaction level at one point in time. Therefore, further research would be required in order to assist KACH's senior leaders in identifying possible trends in physician satisfaction levels.

Physician satisfaction cannot be discounted as one of the essential component associated with the process of care. By now having information on physician satisfaction, the senior leadership within KACH can better determine the needs of the physician staff and the organization as a whole. This could greatly improve day to day management decisions, future policy decisions, and ultimately the quality of care that is provided to the patients who depend on Keller Army Community Hospital.

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Quality of Care
Quality of care you are able to provide (Q5)
Your ability to practice according to your best judgment (Q6)
The efficiency with which you are able to practice in your facility (Q7)

Pace and Continuity of Practice
Amount of time you are able to spend with each patient (Q8)
The number of patients you see on a typical day (Q9)
Number of examining rooms available (Q10)
Continuity of patient care that you are able to provide (Q11)

Quality of Support Staff
Quality of senior leadership within your organization (Q12)
Quality of nursing staff (Q13)
Quality of ancillary personal who assist you (Q14)
Quality of pharmacy staff (Q15)
Quality of laboratory staff (Q16)
Quality of radiology staff (Q17)
Quality of administrative staff within your facility (Q18)

Rewards of Military Practice
Your salary / Income (Q19)
The non-salary benefits of being a military officer (Q20)

Personal Time
Amount of time you have for your family and your personal life (Q21)
Amount of time you are required to be on call (Q22)

Single Item Facets
Opportunity to acquire new medical skills and knowledge (Q23)
Your ability to help form policies within your facility (Q24)
Professional abilities of the physicians within your facility (Q25)
Amount of time you spend practicing outside your specialty (Q26)
Your ability to arrange referrals to specialists in civilian practice (Q27)

Global Facets
Overall Satisfaction with Professional Practice (Q1)
Overall Satisfaction with Current Work Setting (Q2)
Extent to which your practice has met you expectations (Q3)
Potential to achieve your professional goals (Q4)

Directions for Completing Physician Satisfaction Survey

(1) Carefully read each questions listed on the front and back page of this questionnaire. **(2)** Decide how satisfied you are with that particular aspect of your professional situation. **(3)** Indicate your answer by circling the number in the corresponding row that best describes how you feel.

Example: Read question number one. If you are "Always Satisfied" with "your overall professional practice," then you should circle the number "5" in the row to the right of question number one. Please answer all 27 questions. All the information on this questionnaire is important and your responses will be kept confidential.

Question Number	How Satisfied Are You With...	Never Satisfied	Sometimes Satisfied	Usually Satisfied	Satisfied Most of the Time	Always Satisfied	Not Applicable	office use only
1	your overall professional practice?	1	2	3	4	5	0	(110)
2	your current work setting?	1	2	3	4	5	0	(111)
3	extent to which your current practice has met your expectations?	1	2	3	4	5	0	(112)
4	potential to achieve your professional goals?	1	2	3	4	5	0	(113)
5	quality of care you are able to provide?	1	2	3	4	5	0	(114)
6	your ability to practice according to your best judgment?	1	2	3	4	5	0	(115)
7	the efficiency with which you are able to practice in your facility?	1	2	3	4	5	0	(116)
8	amount of time you are able to spend with each patient?	1	2	3	4	5	0	(117)
9	the number of patients you see on a typical day?	1	2	3	4	5	0	(118)
10	number of examining rooms available?	1	2	3	4	5	0	(119)
11	continuity of patient care you are able to provide?	1	2	3	4	5	0	(120)
12	quality of the senior leadership within your organization?	1	2	3	4	5	0	(121)
13	quality of the nursing staff?	1	2	3	4	5	0	(122)
14	quality of ancillary personnel who assist you?	1	2	3	4	5	0	(123)
15	quality of pharmacy staff?	1	2	3	4	5	0	(124)
16	quality of laboratory staff?	1	2	3	4	5	0	(125)
17	quality of radiology staff?	1	2	3	4	5	0	(126)
18	quality of the administrative staff within your facility?	1	2	3	4	5	0	(127)
19	your salary / income?	1	2	3	4	5	0	(128)
20	the non-salary benefits of being a military officer?	1	2	3	4	5	0	(129)
21	amount of time you have for your family and your personal life?	1	2	3	4	5	0	(130)
22	amount of time you are required to be on call?	1	2	3	4	5	0	(131)

please turn the page over and answer the remaining questions

Sample 27-item Questionnaire

Question Number	How Satisfied Are You With...	Never Satisfied	Sometimes Satisfied	Usually Satisfied	Satisfied Most of the Time	Always Satisfied	Not Applicable	office use only
23	opportunity to acquire new medical skills and knowledge?	1	2	3	4	5	0	(132)
24	your ability to help form policies within your facility?	1	2	3	4	5	0	(133)
25	professional abilities of the physicians within your facility?	1	2	3	4	5	0	(134)
26	amount of time you spend practicing outside your specialty?	1	2	3	4	5	0	(135)
27	your ability to arrange referrals to specialists in civilian practice?	1	2	3	4	5	0	(136)

This space is provided to allow you to make any comments that you feel are pertinent to your satisfaction level within your organization. You may also use this space to make suggestions on how this survey may be improved for future use.

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
West Point, New York 10996-1197

REPLY TO
ATTENTION OF:

January 1998

Fellow Health Care Provider:

In an effort to enhance the quality of care provided here at Keller Army Community Hospital, I have asked the current Administrative Resident to conduct a survey assessing the satisfaction level of the physician staff within our organization. Physician satisfaction, as we all know, is a critical determinant of job performance and has a significant impact on the process of care. Obtaining information about how you perceive your work is critical to the improvement of working conditions within the hospital and can serve as a tool for me and other members of the command group when formulating organizational strategies and making policy decisions.

Enclosed is a questionnaire that has been sent to all the physicians assigned to the hospital. I am asking that you invest the 5 - 10 minutes that it will take to complete the survey. The results from the survey will provide valuable information that will be used to improve the services and the care that we provide here at Keller.

Providing information in this questionnaire is voluntary. However, maximum participation is encouraged to ensure the data are complete as possible and accurately reflect the opinions of our physician staff as a whole. Your responses will be treated as confidential and at no time will you be asked to personally identify yourself. Only group statistics will be reported in findings from this survey and any written comments will be transcribed from the questionnaire and presented directly and exclusively to me as your Commander.

Please return your completed survey in the enclosed envelope and return it to CPT Vancosky through distribution by January 30, 1998. Thank you for taking the time to participate in this satisfaction survey.

Joseph B. FitzHarris
Colonel, US Army
Commanding Officer

Enclosure

Directions for Completing Physician Satisfaction Survey

(1) Carefully read each questions listed on the front and back page of this questionnaire. **(2)** Decide how satisfied you are with that particular aspect of your professional situation. **(3)** Indicate your answer by circling the number in the corresponding row that best describes how you feel.

Example: Read question number one. If you are "Always Satisfied" with "your overall professional practice," then you should circle the number "5" in the row to the right of question number one. Please answer all 27 questions. All the information on this questionnaire is important and your responses will be kept confidential.

Question Number	How Satisfied Are You With...	Never Satisfied	Sometimes Satisfied	Usually Satisfied	Satisfied Most of the Time	Always Satisfied	Not Applicable	office use only
1	your overall professional practice?	1	2	3	4	5	0	(110)
2	your current work setting?	1	2	3	4	5	0	(111)
3	extent to which your current practice has met your expectations?	1	2	3	4	5	0	(112)
4	potential to achieve your professional goals?	1	2	3	4	5	0	(113)
5	quality of care you are able to provide?	1	2	3	4	5	0	(114)
6	your ability to practice according to your best judgment?	1	2	3	4	5	0	(115)
7	the efficiency with which you are able to practice in your facility?	1	2	3	4	5	0	(116)
8	amount of time you are able to spend with each patient?	1	2	3	4	5	0	(117)
9	the number of patients you see on a typical day?	1	2	3	4	5	0	(118)
10	number of examining rooms available?	1	2	3	4	5	0	(119)
11	continuity of patient care you are able to provide?	1	2	3	4	5	0	(120)
12	quality of the senior leadership within your organization?	1	2	3	4	5	0	(121)
13	quality of the nursing staff?	1	2	3	4	5	0	(122)
14	quality of ancillary personnel who assist you?	1	2	3	4	5	0	(123)
15	quality of pharmacy staff?	1	2	3	4	5	0	(124)
16	quality of laboratory staff?	1	2	3	4	5	0	(125)
17	quality of radiology staff?	1	2	3	4	5	0	(126)
18	quality of the administrative staff within your facility?	1	2	3	4	5	0	(127)
19	your salary / income?	1	2	3	4	5	0	(128)
20	the non-salary benefits of being a military officer?	1	2	3	4	5	0	(129)
21	amount of time you have for your family and your personal life?	1	2	3	4	5	0	(130)
22	amount of time you are required to be on call?	1	2	3	4	5	0	(131)

please turn the page over and answer the remaining questions

Question Number	How Satisfied Are You With...	Never Satisfied	Sometimes Satisfied	Usually Satisfied	Satisfied Most of the Time	Always Satisfied	Not Applicable	office use only
23	opportunity to acquire new medical skills and knowledge?	1	2	3	4	5	0	(132)
24	your ability to help form policies within your facility?	1	2	3	4	5	0	(133)
25	professional abilities of the physicians within your facility?	1	2	3	4	5	0	(134)
26	amount of time you spend practicing outside your specialty?	1	2	3	4	5	0	(135)
27	your ability to arrange referrals to specialists in civilian practice?	1	2	3	4	5	0	(136)

This space is provided to allow you to make any comments that you feel are pertinent to your satisfaction level within your organization. You may also use this space to make suggestions on how this survey may be improved for future use.

Thank you for completing this survey. Please place this questionnaire in the self addressed envelope that has been provided and return it by Friday, January 30, 1998 to:

CPT Joseph Vancosky
Administrative Resident
Keller Army Community Hospital
West Point, New York 10996

Cover Letter - Fort Eustis

DEPARTMENT OF THE ARMY
MEDICAL DEPARTMENT ACTIVITY
FORT EUSTIS, VIRGINIA 23604-5548

REPLY TO
ATTENTION OF:

January 1998

Fellow Health Care Provider:

In an effort to enhance the quality of care provided here at McDonald Army Community Hospital, I have asked the current Administrative Resident, CPT Duray, to coordinate the administration of a survey assessing the satisfaction level of the physician staff within our organization. Physician satisfaction, as we all know, is a critical determinant of job performance and has a significant impact on the process of care. Obtaining information about how you perceive your work is critical to the improvement of working conditions within the hospital and can serve as a tool for me and other members of the command group when formulating organizational strategies and making policy decisions.

Enclosed is a questionnaire that has been sent to all the physicians assigned to the hospital. I am asking that you invest the 5 - 10 minutes that it will take to complete the survey. The results from the survey will provide valuable information that will be used to improve the services and the care that we provide here at McDonald.

Providing information in this questionnaire is voluntary. However, maximum participation is encouraged to ensure the data are complete as possible and accurately reflect the opinions of our physician staff as a whole. Your responses will be treated as confidential and at no time will you be asked to personally identify yourself. Only group statistics will be reported in findings from this survey and any written comments will be transcribed from the questionnaire and presented directly and exclusively to me as your Commander.

Thank you for taking the time to participate in this satisfaction survey.

Sincerely,

Johnie S. Tillman COL, MC

Johnie S. Tillman
Colonel, Medical Corps
Commanding

Enclosure

Directions for Completing Physician Satisfaction Survey

(1) Carefully read each questions listed on the front and back page of this questionnaire. **(2)** Decide how satisfied you are with that particular aspect of your professional situation. **(3)** Indicate your answer by circling the number in the corresponding row that best describes how you feel.

Example: Read question number one. If you are "Always Satisfied" with "your overall professional practice," then you should circle the number "5" in the row to the right of question number one. Please answer all 27 questions. All the information on this questionnaire is important and your responses will be kept confidential. **[PLEASE SELECT ONE: ☐ Military Physician ☐ Civilian Physician]**

Question Number	How Satisfied Are You With...	Never Satisfied	Sometimes Satisfied	Usually Satisfied	Satisfied Most of the Time	Always Satisfied	Not Applicable	office use only
1	your overall professional practice?	1	2	3	4	5	0	(110)
2	your current work setting?	1	2	3	4	5	0	(111)
3	extent to which your current practice has met your expectations?	1	2	3	4	5	0	(112)
4	potential to achieve your professional goals?	1	2	3	4	5	0	(113)
5	quality of care you are able to provide?	1	2	3	4	5	0	(114)
6	your ability to practice according to your best judgment?	1	2	3	4	5	0	(115)
7	the efficiency with which you are able to practice in your facility?	1	2	3	4	5	0	(116)
8	amount of time you are able to spend with each patient?	1	2	3	4	5	0	(117)
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18	quality of the administrative staff within your facility?	1	2	3	4	5	0	(127)
19	your salary / income?	1	2	3	4	5	0	(128)
20	the non-salary benefits of being a military officer?	1	2	3	4	5	0	(129)
21	amount of time you have for your family and your personal life?	1	2	3	4	5	0	(130)
22	amount of time you are required to be on call?	1	2	3	4	5	0	(131)

please turn the page over and answer the remaining questions

Question Number	How Satisfied Are You With...	Never Satisfied	Sometimes Satisfied	Usually Satisfied	Satisfied Most of the Time	Always Satisfied	Not Applicable	office use only
23	opportunity to acquire new medical skills and knowledge?	1	2	3	4	5	0	(132)
24	your ability to help form policies within your facility?	1	2	3	4	5	0	(133)
25	professional abilities of the physicians within your facility?	1	2	3	4	5	0	(134)
26	amount of time you spend practicing outside your specialty?	1	2	3	4	5	0	(135)
27	your ability to arrange referrals to specialists in civilian practice?	1	2	3	4	5	0	(136)

This space is provided to allow you to make any comments that you feel are pertinent to your satisfaction level within your organization. You may also use this space to make suggestions on how this survey may be improved for future use.

Thank you for completing this survey. Please place this questionnaire in the self addressed envelope that has been provided and return it by Friday, January 30, 1998 to:

CPT Paul Duray
Administrative Resident
McDonald Army Community Hospital
Fort Eustis, Virginia 23604

DEPARTMENT OF THE ARMY
HEADQUARTERS U S ARMY MEDICAL DEPARTMENT ACTIVITY
FORT KNOX KY 40121-5520

REPLY TO
ATTENTION OF

January 1998

Fellow Health Care Provider:

In an effort to enhance the quality of care provided here at Ireland Army Community Hospital, I have asked the current Administrative Resident to coordinate the administration of a survey assessing the satisfaction level of the physician staff within our organization. Physician satisfaction, as we all know, is a critical determinant of job performance and has a significant impact on the process of care. Obtaining information about how you perceive your work is critical to the improvement of working conditions within the hospital and can serve as a tool for me and other members of the command group when formulating organizational strategies and making policy decisions.

Enclosed is a questionnaire that has been sent to all the physicians assigned to the hospital. I am asking that you invest the 5 - 10 minutes that it will take to complete the survey. The results from the survey will provide valuable information that will be used to improve the services and the care that we provide here at Ireland.

Providing information in this questionnaire is voluntary. However, maximum participation is encouraged to ensure the data are complete as possible and accurately reflect the opinions of our physician staff as a whole. Your responses will be treated as confidential and at no time will you be asked to personally identify yourself. Only group statistics will be reported in findings from this survey and any written comments will be transcribed from the questionnaire and presented directly to me as your Deputy Commander for Clinical Services. If you desire that your written comments not be divulged, please note it on the survey.

Thank you for taking the time to participate in this satisfaction survey.

DALLAS C. HACK
LTC, MC
Deputy Commander for
Clinical Services

Enclosure

Directions for Completing Physician Satisfaction Survey

(1) Carefully read each questions listed on the front and back page of this questionnaire. **(2)** Decide how satisfied you are with that particular aspect of your professional situation. **(3)** Indicate your answer by circling the number in the corresponding row that best describes how you feel.

Example: Read question number one. If you are "Always Satisfied" with "your overall professional practice," then you should circle the number "5" in the row to the right of question number one. Please answer all 27 questions. All the information on this questionnaire is important and your responses will be kept confidential.

Question Number	How Satisfied Are You With...	Never Satisfied	Sometimes Satisfied	Usually Satisfied	Satisfied Most of the Time	Always Satisfied	Not Applicable	office use only
1	your overall professional practice?	1	2	3	4	5	0	(110)
2	your current work setting?	1	2	3	4	5	0	(111)
3	extent to which your current practice has met your expectations?	1	2	3	4	5	0	(112)
4	potential to achieve your professional goals?	1	2	3	4	5	0	(113)
5	quality of care you are able to provide?	1	2	3	4	5	0	(114)
6	your ability to practice according to your best judgment?	1	2	3	4	5	0	(115)
7	the efficiency with which you are able to practice in your facility?	1	2	3	4	5	0	(116)
8	amount of time you are able to spend with each patient?	1	2	3	4	5	0	(117)
9	the number of patients you see on a typical day?	1	2	3	4	5	0	(118)
10	number of examining rooms available?	1	2	3	4	5	0	(119)
11	continuity of patient care you are able to provide?	1	2	3	4	5	0	(120)
12	quality of the senior leadership within your organization?	1	2	3	4	5	0	(121)
13	quality of the nursing staff?	1	2	3	4	5	0	(122)
14	quality of ancillary personnel who assist you?	1	2	3	4	5	0	(123)
15	quality of pharmacy staff?	1	2	3	4	5	0	(124)
16	quality of laboratory staff?	1	2	3	4	5	0	(125)
17	quality of radiology staff?	1	2	3	4	5	0	(126)
18	quality of the administrative staff within your facility?	1	2	3	4	5	0	(127)
19	your salary / income?	1	2	3	4	5	0	(128)
20	the non-salary benefits of being a military officer?	1	2	3	4	5	0	(129)
21	amount of time you have for your family and your personal life?	1	2	3	4	5	0	(130)
22	amount of time you are required to be on call?	1	2	3	4	5	0	(131)

please turn the page over and answer the remaining questions

Question Number	How Satisfied Are You With...	Never Satisfied	Sometimes Satisfied	Usually Satisfied	Satisfied Most of the Time	Always Satisfied	Not Applicable	office use only
23	opportunity to acquire new medical skills and knowledge?	1	2	3	4	5	0	(132)
24	your ability to help form policies within your facility?	1	2	3	4	5	0	(133)
25	professional abilities of the physicians within your facility?	1	2	3	4	5	0	(134)
26	amount of time you spend practicing outside your specialty?	1	2	3	4	5	0	(135)
27	your ability to arrange referrals to specialists in civilian practice?	1	2	3	4	5	0	(136)

This space is provided to allow you to make any comments that you feel are pertinent to your satisfaction level within your organization. You may also use this space to make suggestions on how this survey may be improved for future use.

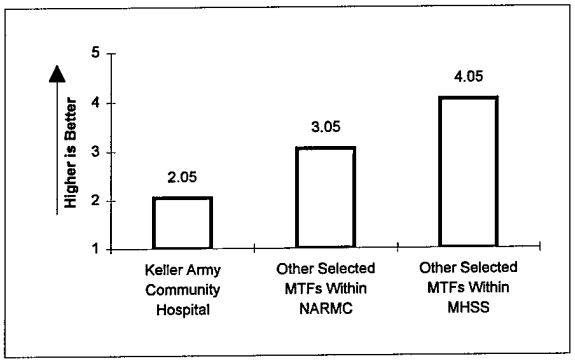
Thank you for completing this survey. Please place this questionnaire in the self addressed envelope that has been provided and return it at your earliest possible convenience to:

CPT Myron Fay
Administrative Resident
Ireland Army Community Hospital
Fort Knox, Kentucky 40121

Physician Satisfaction Survey
Report Format

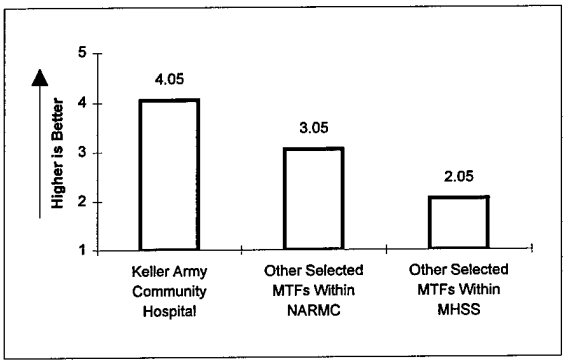
Overall Satisfaction with Professional Practice (Q1)

Mean Score Reported (5=Always Satisfied / 1=Never Satisfied)



Overall Satisfaction with Current Work Setting (Q2)

Mean Score Reported (5=Always Satisfied / 1=Never Satisfied)



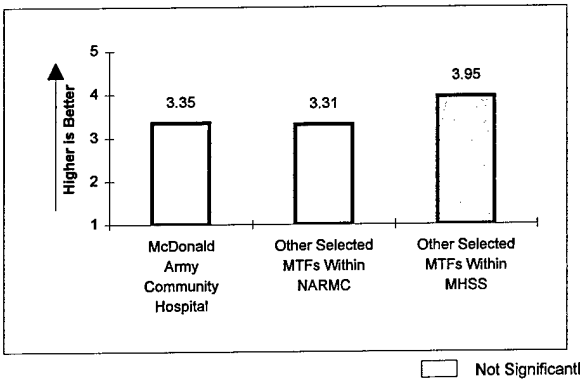
☐ Not Significantly Different From Keller Army Community Hospital
☐ Significantly Different From Keller Army Community Hospital

Change From Previous Period	Satisfaction Questions From Survey Instrument 5=Always Satisfied / 1=Never Satisfied	Mean Score	*Comparison To:* Other Selected MTFs Within NARMC	Selected MTFs Within MHSS	Civilian Benchmark
	Quality of Care				
☐	Quality of care you are able to provide (Q5)		☐	☐	☐
☐	Your ability to practice according to your best judgment (Q6)		☐	☐	☐
☐	The efficiency with which you are able to practice in your facility (Q7)		☐	☐	☐
	Pace and Continuity of Practice				
☐	Amount of time you are able to spend with each patient (Q8)		☐	☐	☐
☐	The number of patients you see on a typical day (Q9)		☐	☐	☐
☐	Number of examining rooms available (Q10)		☐	☐	☐
☐	Continuity of patient care that you are able to provide (Q11)		☐	☐	☐
	Quality of Support Staff				
☐	Quality of senior leadership within your organization (Q12)		☐	☐	☐
☐	Quality of nursing staff (Q13)		☐	☐	☐
☐	Quality of ancillary personal who assist you (Q14)		☐	☐	☐
☐	Quality of pharmacy staff (Q15)		☐	☐	☐
☐	Quality of laboratory staff (Q16)		☐	☐	☐
☐	Quality of radiology staff (Q17)		☐	☐	☐
☐	Quality of administrative staff within your facility (Q18)		☐	☐	☐
	Rewards of Military Practice				
☐	Your salary / Income (Q19)		☐	☐	☐
☐	The non-salary benefits of being a military officer (Q20)		☐	☐	☐
	Personal Time				
☐	Amount of time you have for your family and your personal life (Q21)		☐	☐	☐
☐	Amount of time you are required to be on call (Q22)		☐	☐	☐
	Single Item Facets				
☐	Opportunity to acquire new medical skills and knowledge (Q23)		☐	☐	☐
☐	Your ability to help form policies within your facility (Q24)		☐	☐	☐
☐	Professional abilities of the physicians within your facility (Q25)		☐	☐	☐
☐	Amount of time you spend practicing outside your specialty (Q26)		☐	☐	☐
☐	Your ability to arrange referrals to specialists in civilian practice (Q27)		☐	☐	☐
	Global Facets				
☐	Extent to which your practice has met you expectations (Q3)		☐	☐	☐
☐	Potential to achieve your professional goals (Q4)		☐	☐	☐
	Your rating is:	☐ ▼ **Lower**	☐ **Same**	☐ ▲ **Higher**	

McDonald Army Community Hospital
Fort Eustis, Virginia
Physician Satisfaction Survey Report
January 1998 (N=20mil/12civ)

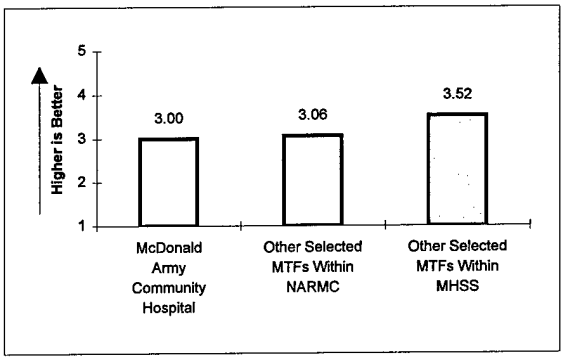
Overall Satisfaction with Professional Practice (Q1)

Mean Score Reported (5=Always Satisfied / 1=Never Satisfied)



Overall Satisfaction with Current Work Setting (Q2)

Mean Score Reported (5=Always Satisfied / 1=Never Satisfied)



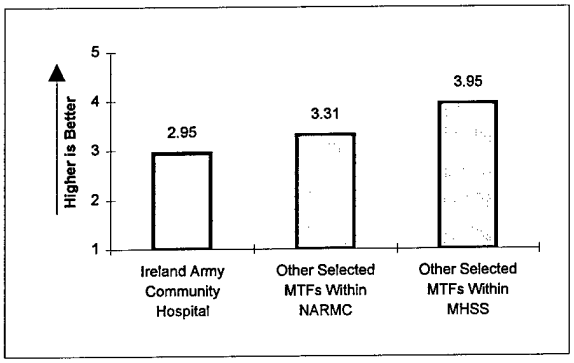
☐ Not Significantly Different From McDonald Army Community Hospital
☐ Significantly Different From McDonald Army Community Hospital

Change From Previous Period	Satisfaction Questions From Survey Instrument 5=Always Satisfied / 1=Never Satisfied	Military Physicians Mean Score	Comparison To: Other Selected MTFs Within NARMC	Comparison To: Selected MTFs Within MHSS	Comparison To: Civilian Physicians Within Your Facility
	Quality of Care				
NA	Quality of care you are able to provide (Q5)	3.65	3.66 ☐	3.90 ▼	3.75 ▼
NA	Your ability to practice according to your best judgment (Q6)	3.55	3.96 ▼	4.07 ▼	3.92 ▼
NA	The efficiency with which you are able to practice in your facility (Q7)	2.65	2.59 ☐	3.40 ▼	3.00 ▼
	Pace and Continuity of Practice				
NA	Amount of time you are able to spend with each patient (Q8)	3.15	3.18 ☐	3.14 ☐	3.75 ▼
NA	The number of patients you see on a typical day (Q9)	3.05	3.18 ▼	3.36 ▼	3.75 ▼
NA	Number of examining rooms available (Q10)	3.05	3.33 ▼	NA	3.40 ▼
NA	Continuity of patient care that you are able to provide (Q11)	3.37	3.30 ☐	3.09 ▲	3.36 ☐
	Quality of Support Staff				
NA	Quality of senior leadership within your organization (Q12)	3.60	3.29 ▲	NA	3.58 ☐
NA	Quality of nursing staff (Q13)	3.60	3.43 ▲	3.62 ☐	3.92 ▼
NA	Quality of ancillary personal who assist you (Q14)	3.75	3.38 ▲	3.57 ▲	3.92 ▼
NA	Quality of pharmacy staff (Q15)	4.40	4.42 ☐	NA	4.50 ▼
NA	Quality of laboratory staff (Q16)	4.05	3.97 ☐	NA	4.33 ▼
NA	Quality of radiology staff (Q17)	4.39	4.24 ▲	NA	4.25 ▲
NA	Quality of administrative staff within your facility (Q18)	3.40	3.15 ▲	3.49 ☐	3.92 ▼
	Rewards of Military Practice				
NA	Your salary / Income (Q19)	3.35	2.93 ▲	3.26 ☐	3.33 ☐
NA	The non-salary benefits of being a military officer (Q20)	3.45	3.11 ▲	3.38 ☐	NA
	Personal Time				
NA	Amount of time you have for your family and your personal life (Q21)	3.45	3.01 ▲	3.17 ▲	4.17 ▼
NA	Amount of time you are required to be on call (Q22)	3.13	3.22 ☐	3.83 ▼	4.17 ▼
	Single Item Facets				
NA	Opportunity to acquire new medical skills and knowledge (Q23)	3.10	3.01 ☐	3.55 ▼	3.09 ☐
NA	Your ability to help form policies within your facility (Q24)	3.21	2.84 ▲	3.11 ▲	2.70 ▲
NA	Professional abilities of the physicians within your facility (Q25)	3.65	3.94 ▼	3.97 ▼	4.18 ▼
NA	Amount of time you spend practicing outside your specialty (Q26)	3.20	3.21 ☐	3.57 ▼	3.67 ▼
NA	Your ability to arrange referrals to specialists in civilian practice (Q27)	3.13	3.38 ▼	3.21 ☐	3.20 ☐
	Global Facets				
NA	Extent to which your practice has met you expectations (Q3)	3.00	3.00 ☐	3.69 ▼	3.92 ▼
NA	Potential to achieve your professional goals (Q4)	3.15	3.13 ☐	3.56 ▼	3.92 ▼
	Your rating is:	▼ Lower	☐ Same	▲ Higher	

Ireland Army Community Hospital
Fort Knox, Kentucky
Physician Satisfaction Survey Report
January 1998 (N=38)

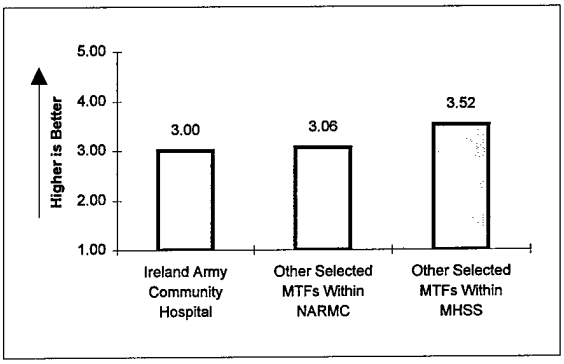
Overall Satisfaction with Professional Practice (Q1)

Mean Score Reported (5=Always Satisfied / 1=Never Satisfied)



Overall Satisfaction with Current Work Setting (Q2)

Mean Score Reported (5=Always Satisfied / 1=Never Satisfied)



☐ Not Significantly Different From Ireland Army Community Hospital
☐ Significantly Different From Ireland Army Community Hospital

Change From Previous Period	Satisfaction Questions From Survey Instrument 5=Always Satisfied / 1=Never Satisfied	Ireland's Mean Score	*Comparison To:* Other Selected MTFs Within NARMC	Selected MTFs Within MHSS	Civilian Benchmark
	Quality of Care				
NA	Quality of care you are able to provide (Q5)	3.71	3.66 ▲	3.90 ▼	NA
NA	Your ability to practice according to your best judgment (Q6)	3.92	3.96 ☐	4.07 ▼	NA
NA	The efficiency with which you are able to practice in your facility (Q7)	2.53	2.59 ☐	3.40 ▼	NA
	Pace and Continuity of Practice				
NA	Amount of time you are able to spend with each patient (Q8)	2.97	3.18 ▼	3.14 ▼	NA
NA	The number of patients you see on a typical day (Q9)	2.91	3.18 ▼	3.36 ▼	NA
NA	Number of examining rooms available (Q10)	3.75	3.33 ▲	NA	NA
NA	Continuity of patient care that you are able to provide (Q11)	3.30	3.30 ☐	3.09 ▲	NA
	Quality of Support Staff				
NA	Quality of senior leadership within your organization (Q12)	2.89	3.29 ▼	NA	NA
NA	Quality of nursing staff (Q13)	3.00	3.43 ▼	3.62 ▼	NA
NA	Quality of ancillary personal who assist you (Q14)	3.16	3.38 ▼	3.57 ▼	NA
NA	Quality of pharmacy staff (Q15)	4.34	4.42 ☐	NA	NA
NA	Quality of laboratory staff (Q16)	3.89	3.97 ☐	NA	NA
NA	Quality of radiology staff (Q17)	3.92	4.24 ▼	NA	NA
NA	Quality of administrative staff within your facility (Q18)	2.74	3.15 ▼	3.49 ▼	NA
	Rewards of Military Practice				
NA	Your salary / Income (Q19)	2.71	2.93 ▼	3.26 ▼	NA
NA	The non-salary benefits of being a military officer (Q20)	2.66	3.11 ▼	3.38 ▼	NA
	Personal Time				
NA	Amount of time you have for your family and your personal life (Q21)	2.95	3.01 ☐	3.17 ▼	NA
NA	Amount of time you are required to be on call (Q22)	3.06	3.22 ▼	3.83 ▼	NA
	Single Item Facets				
NA	Opportunity to acquire new medical skills and knowledge (Q23)	2.71	3.01 ▼	3.55 ▼	NA
NA	Your ability to help form policies within your facility (Q24)	2.71	2.84 ▼	3.11 ▼	NA
NA	Professional abilities of the physicians within your facility (Q25)	3.95	3.94 ☐	3.97 ☐	NA
NA	Amount of time you spend practicing outside your specialty (Q26)	3.04	3.21 ▼	3.57 ▼	NA
NA	Your ability to arrange referrals to specialists in civilian practice (Q27)	3.31	3.38 ☐	3.21 ▲	NA
	Global Facets				
NA	Extent to which your practice has met you expectations (Q3)	2.84	3.00 ▼	3.69 ▼	NA
NA	Potential to achieve your professional goals (Q4)	2.87	3.13 ▼	3.56 ▼	NA

Your rating is: ▼ **Lower** ☐ **Same** ▲ **Higher**

Descriptive Statistics / Mean & Standard Deviation
Keller Army Community Hospital

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
QUEST01	27	2.00	5.00	3.6667	.8321
QUEST02	27	2.00	5.00	3.1852	.7357
QUEST03	27	2.00	5.00	3.1481	.9488
QUEST04	27	2.00	5.00	3.3704	.8835
QUEST05	27	2.00	5.00	4.1481	.9074
QUEST06	27	3.00	5.00	4.4074	.7971
QUEST07	27	1.00	5.00	2.4444	1.1209
QUEST08	27	2.00	5.00	3.4074	.7971
QUEST09	27	2.00	5.00	3.5926	.7473
QUEST10	27	1.00	5.00	3.1852	1.0014
QUEST11	27	1.00	5.00	3.2222	1.0127
QUEST12	27	1.00	5.00	3.3704	1.1145
QUEST13	26	2.00	5.00	3.6923	.8840
QUEST14	25	1.00	5.00	3.2400	1.0909
QUEST15	27	3.00	5.00	4.5185	.6427
QUEST16	26	2.00	5.00	3.9615	.9584
QUEST17	25	2.00	5.00	4.4400	.8699
QUEST18	26	2.00	5.00	3.3077	.9282
QUEST19	26	1.00	5.00	2.7308	1.5377
QUEST20	27	1.00	5.00	3.2222	.9740
QUEST21	27	1.00	4.00	2.6296	1.0432
QUEST22	24	2.00	5.00	3.4583	.9315
QUEST23	27	1.00	5.00	3.2222	.9740
QUEST24	27	1.00	5.00	2.5926	1.1184
QUEST25	27	3.00	5.00	4.2222	.7511
QUEST26	18	2.00	5.00	3.3889	.8498
QUEST27	26	2.00	5.00	3.6923	.7359
Valid N (listwise)	13				

Descriptive Statistics / Frequencies
Keller Army Community Hospital

Statistics

	N	
	Valid	Missing
QUEST01	27	0
QUEST02	27	0
QUEST03	27	0
QUEST04	27	0
QUEST05	27	0
QUEST06	27	0
QUEST07	27	0
QUEST08	27	0
QUEST09	27	0
QUEST10	27	0
QUEST11	27	0
QUEST12	27	0
QUEST13	26	1
QUEST14	25	2
QUEST15	27	0
QUEST16	26	1
QUEST17	25	2
QUEST18	26	1
QUEST19	26	1
QUEST20	27	0
QUEST21	27	0
QUEST22	24	3
QUEST23	27	0
QUEST24	27	0
QUEST25	27	0
QUEST26	18	9
QUEST27	26	1

QUEST01

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	3	11.1	11.1	11.1
	3.00	6	22.2	22.2	33.3
	4.00	15	55.6	55.6	88.9
	5.00	3	11.1	11.1	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST02

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	4	14.8	14.8	14.8
	3.00	15	55.6	55.6	70.4
	4.00	7	25.9	25.9	96.3
	5.00	1	3.7	3.7	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST03

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	8	29.6	29.6	29.6
	3.00	9	33.3	33.3	63.0
	4.00	8	29.6	29.6	92.6
	5.00	2	7.4	7.4	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST04

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	5	18.5	18.5	18.5
	3.00	9	33.3	33.3	51.9
	4.00	11	40.7	40.7	92.6
	5.00	2	7.4	7.4	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST05

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	2	7.4	7.4	7.4
	3.00	3	11.1	11.1	18.5
	4.00	11	40.7	40.7	59.3
	5.00	11	40.7	40.7	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST06

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3.00	5	18.5	18.5	18.5
	4.00	6	22.2	22.2	40.7
	5.00	16	59.3	59.3	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST07

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	7	25.9	25.9	25.9
	2.00	6	22.2	22.2	48.1
	3.00	10	37.0	37.0	85.2
	4.00	3	11.1	11.1	96.3
	5.00	1	3.7	3.7	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST08

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	3	11.1	11.1	11.1
	3.00	12	44.4	44.4	55.6
	4.00	10	37.0	37.0	92.6
	5.00	2	7.4	7.4	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST09

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	2	7.4	7.4	7.4
	3.00	9	33.3	33.3	40.7
	4.00	14	51.9	51.9	92.6
	5.00	2	7.4	7.4	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	3.7	3.7	3.7
	2.00	5	18.5	18.5	22.2
	3.00	12	44.4	44.4	66.7
	4.00	6	22.2	22.2	88.9
	5.00	3	11.1	11.1	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	7.4	7.4	7.4
	2.00	3	11.1	11.1	18.5
	3.00	11	40.7	40.7	59.3
	4.00	9	33.3	33.3	92.6
	5.00	2	7.4	7.4	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	2	7.4	7.4	7.4
	2.00	4	14.8	14.8	22.2
	3.00	6	22.2	22.2	44.4
	4.00	12	44.4	44.4	88.9
	5.00	3	11.1	11.1	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST13

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	3	11.1	11.5	11.5
	3.00	6	22.2	23.1	34.6
	4.00	13	48.1	50.0	84.6
	5.00	4	14.8	15.4	100.0
	Total	26	96.3	100.0	
Missing	System Missing	1	3.7		
	Total	1	3.7		
Total		27	100.0		

QUEST14

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	3.7	4.0	4.0
	2.00	6	22.2	24.0	28.0
	3.00	7	25.9	28.0	56.0
	4.00	8	29.6	32.0	88.0
	5.00	3	11.1	12.0	100.0
	Total	25	92.6	100.0	
Missing	System Missing	2	7.4		
	Total	2	7.4		
Total		27	100.0		

QUEST15

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3.00	2	7.4	7.4	7.4
	4.00	9	33.3	33.3	40.7
	5.00	16	59.3	59.3	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST16

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	2	7.4	7.7	7.7
	3.00	6	22.2	23.1	30.8
	4.00	9	33.3	34.6	65.4
	5.00	9	33.3	34.6	100.0
	Total	26	96.3	100.0	
Missing	System Missing	1	3.7		
	Total	1	3.7		
Total		27	100.0		

QUEST17

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	1	3.7	4.0	4.0
	3.00	3	11.1	12.0	16.0
	4.00	5	18.5	20.0	36.0
	5.00	16	59.3	64.0	100.0
	Total	25	92.6	100.0	
Missing	System Missing	2	7.4		
	Total	2	7.4		
Total		27	100.0		

QUEST18

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	5	18.5	19.2	19.2
	3.00	11	40.7	42.3	61.5
	4.00	7	25.9	26.9	88.5
	5.00	3	11.1	11.5	100.0
	Total	26	96.3	100.0	
Missing	System Missing	1	3.7		
	Total	1	3.7		
Total		27	100.0		

QUEST19

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	9	33.3	34.6	34.6
	2.00	3	11.1	11.5	46.2
	3.00	4	14.8	15.4	61.5
	4.00	6	22.2	23.1	84.6
	5.00	4	14.8	15.4	100.0
	Total	26	96.3	100.0	
Missing	System Missing	1	3.7		
	Total	1	3.7		
Total		27	100.0		

QUEST20

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	3.7	3.7	3.7
	2.00	5	18.5	18.5	22.2
	3.00	10	37.0	37.0	59.3
	4.00	9	33.3	33.3	92.6
	5.00	2	7.4	7.4	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST21

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	5	18.5	18.5	18.5
	2.00	6	22.2	22.2	40.7
	3.00	10	37.0	37.0	77.8
	4.00	6	22.2	22.2	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST22

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	4	14.8	16.7	16.7
	3.00	8	29.6	33.3	50.0
	4.00	9	33.3	37.5	87.5
	5.00	3	11.1	12.5	100.0
	Total	24	88.9	100.0	
Missing	System Missing	3	11.1		
	Total	3	11.1		
Total		27	100.0		

QUEST23

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	1	3.7	3.7	3.7
	2.00	5	18.5	18.5	22.2
	3.00	10	37.0	37.0	59.3
	4.00	9	33.3	33.3	92.6
	5.00	2	7.4	7.4	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST24

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1.00	5	18.5	18.5	18.5
	2.00	8	29.6	29.6	48.1
	3.00	8	29.6	29.6	77.8
	4.00	5	18.5	18.5	96.3
	5.00	1	3.7	3.7	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST25

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	3.00	5	18.5	18.5	18.5
	4.00	11	40.7	40.7	59.3
	5.00	11	40.7	40.7	100.0
	Total	27	100.0	100.0	
Total		27	100.0		

QUEST26

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	3	11.1	16.7	16.7
	3.00	6	22.2	33.3	50.0
	4.00	8	29.6	44.4	94.4
	5.00	1	3.7	5.6	100.0
	Total	18	66.7	100.0	
Missing	System Missing	9	33.3		
	Total	9	33.3		
Total		27	100.0		

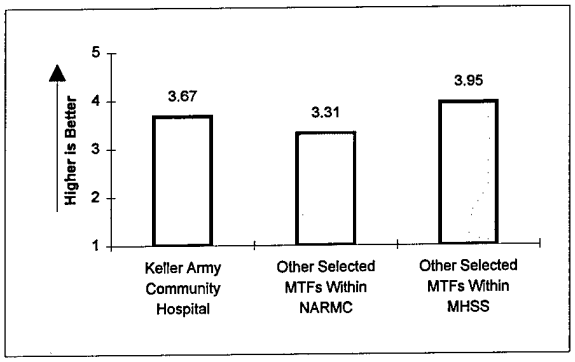
QUEST27

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	2.00	1	3.7	3.8	3.8
	3.00	9	33.3	34.6	38.5
	4.00	13	48.1	50.0	88.5
	5.00	3	11.1	11.5	100.0
	Total	26	96.3	100.0	
Missing	System Missing	1	3.7		
	Total	1	3.7		
Total		27	100.0		

Keller Army Community Hospital
West Point, New York
Physician Satisfaction Survey Report
January 1998 (N=27)

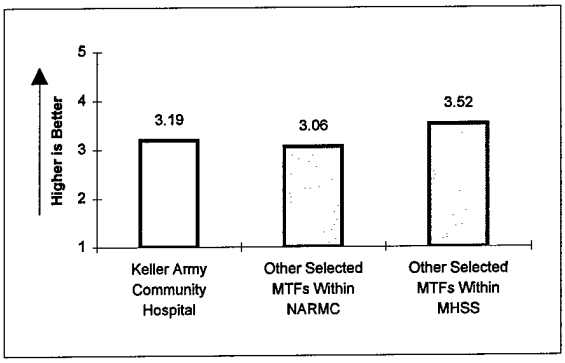
Overall Satisfaction with Professional Practice (Q1)

Mean Score Reported (5=Always Satisfied / 1=Never Satisfied)



Overall Satisfaction with Current Work Setting (Q2)

Mean Score Reported (5=Always Satisfied / 1=Never Satisfied)



☐ Not Significantly Different From Keller Army Community Hospital
☐ Significantly Different From Keller Army Community Hospital

Change From Previous Period	Satisfaction Questions From Survey Instrument 5=Always Satisfied / 1=Never Satisfied	KACH Mean Score	*Comparison To:* Other Selected MTFs Within NARMC	Selected MTFs Within MHSS	Civilian Benchmark
	Quality of Care				
NA	Quality of care you are able to provide (Q5)	4.15	3.66 ▲	3.90 ▲	NA
NA	Your ability to practice according to your best judgment (Q6)	4.41	3.96 ▲	4.07 ▲	NA
NA	The efficiency with which you are able to practice in your facility (Q7)	2.44	2.59 ▼	3.40 ▼	NA
	Pace and Continuity of Practice				
NA	Amount of time you are able to spend with each patient (Q8)	3.41	3.18 ▲	3.14 ▲	NA
NA	The number of patients you see on a typical day (Q9)	3.59	3.18 ▲	3.36 ▲	NA
NA	Number of examining rooms available (Q10)	3.19	3.33 ▼	NA	NA
NA	Continuity of patient care that you are able to provide (Q11)	3.22	3.30 ☐	3.09 ▲	NA
	Quality of Support Staff				
NA	Quality of senior leadership within your organization (Q12)	3.37	3.29 ▲	NA	NA
NA	Quality of nursing staff (Q13)	3.69	3.43 ▲	3.62 ☐	NA
NA	Quality of ancillary personal who assist you (Q14)	3.24	3.38 ▼	3.57 ▼	NA
NA	Quality of pharmacy staff (Q15)	4.52	4.42 ▲	NA	NA
NA	Quality of laboratory staff (Q16)	3.96	3.97 ☐	NA	NA
NA	Quality of radiology staff (Q17)	4.44	4.24 ▲	NA	NA
NA	Quality of administrative staff within your facility (Q18)	3.31	3.15 ▲	3.49 ▼	NA
	Rewards of Military Practice				
NA	Your salary / Income (Q19)	2.73	2.93 ▼	3.26 ▼	NA
NA	The non-salary benefits of being a military officer (Q20)	3.22	3.11 ▲	3.38 ▼	NA
	Personal Time				
NA	Amount of time you have for your family and your personal life (Q21)	2.63	3.01 ▼	3.17 ▼	NA
NA	Amount of time you are required to be on call (Q22)	3.46	3.22 ▲	3.83 ▼	NA
	Single Item Facets				
NA	Opportunity to acquire new medical skills and knowledge (Q23)	3.22	3.01 ▲	3.55 ▼	NA
NA	Your ability to help form policies within your facility (Q24)	2.59	2.84 ▼	3.11 ▼	NA
NA	Professional abilities of the physicians within your facility (Q25)	4.22	3.94 ▲	3.97 ▲	NA
NA	Amount of time you spend practicing outside your specialty (Q26)	3.39	3.21 ▲	3.57 ▼	NA
NA	Your ability to arrange referrals to specialists in civilian practice (Q27)	3.69	3.38 ▲	3.21 ▲	NA
	Global Facets				
NA	Extent to which your practice has met you expectations (Q3)	3.15	3.00 ▲	3.69 ▼	NA
NA	Potential to achieve your professional goals (Q4)	3.37	3.13 ▲	3.56 ▼	NA
	Your rating is:	▼ Lower	☐ Same	▲ Higher	

KELLER ARMY COMMUNITY HOSPITAL
PHYSICIAN SATISFACTION SURVEY
WRITTEN COMMENTS

<u>These comments related to satisfaction within the organization were taken from the second page of the physician satisfaction questionnaire</u> : (note: These comments have been transcribed exactly the way they appeared on the survey. In an effort to organize the comments, they have been placed into a bulletized format.):

- Lack of satisfaction often comes from lots of "responsibility" without any associated "control" (dollars, personnel, choices, etc.).
- Our hospital lacks "people resources". We are insufficiently staffed in a number of our clinics, lab, transcription, etc. There are not only a deficient number of people to help out but also the lack of well trained professionals and paraprofessionals that enhance an organizations competency and efficiency.
- Need better and more enthusiastic nursing staff especially on MSU (expectation exists that time intensive or complicated patients should be transferred).
- Need more time during the day for follow-up, returning phone calls, lab results. Perhaps last appointment ending earlier in day (as it is work through lunch, commonly here until 1800hrs).
- Who does our Hospital's computer staff support? It certainly in not the physicians!
- We need more and better ancillary personnel to support us.
- I think the question should be asked on this survey as to how much time physicians actually get to spend treating patients in this hospital and how much time we spend filling out paperwork, attend meetings, raking leaves, doing CTT training, etc. (I think you would be surprised by the amount of time that is spent performing non-patient care activities).
- Clinical questions and judgments about care should be delivered by the supervising physician, not the nursing staff (is diverse and decreases moral). Physicians should be asked directly ref: conflicts, patient issues.
- Very satisfied overall and hoping to stay for another four years.
- Great staff and colleagues.

- Discouraged by the number of meetings, all the administrative work I have to do, all the different forms that need to be filled out, and the lack of advanced notice on training days (0515hrs) and random urine screens in the AM (0530hrs). Would appreciate more advanced notice on these things. Try things at lunch time.

- Had I completed this survey prior to the DCCS change, there would have been many more 1 *(never satisfied)* and 2 *(sometimes satisfied)* responses.

- Providing "managed care" in an environment short on the individuals providing the ancillary services that doctors need to ensure the patients get good care, results in high physician stress and lower quality care delivered.

- It seems our computer staff is understaffed. It always takes a long time to get help with computers (i.e. It took 3 months to get software loaded on my computer). It still is not on the central server. The computer staff works hard but there are not enough of them.

- The problem with much of the support staff is not the quality (in most cases) but it is more a problem of quantity.

- The physicians' patient care demands do not change if additional requirements are placed on the MDs (i.e. CTT, post clean up, etc.).

- Technology advances in computers and communication should be used to ease administrative burdens, not make them more demanding. Those in charge of information management should be investigating ways to make the physicians' administrative lives easier through forward thinking policies.

- We have come a long way this past year and I feel we are now heading in the right direction. Keep going!

McDONALD ARMY COMMUNITY HOSPITAL
PHYSICIAN SATISFACTION SURVEY
WRITTEN COMMENTS

These comments related to satisfaction within the organization were taken from the second page of the physician satisfaction questionnaire: (note: These comments have been transcribed exactly the way they appeared on the survey. In an effort to organize the comments, they have been placed into a bulletize format.):

Military Physician Comments:

- In the UCC, I feel sometimes the physicians are asked to do to much. If we are not busy it's okay, but if we start getting backed up, it sometimes can get ridiculous. We are asked to see the patient, fill out the 558, write down orders, place them in the computer, fill out the bubble sheets, sick slips, work excuses, and consults if applicable. The paperwork can be tremendous at times. For the most part, the nurses help out when they can, but most of the time this is the reason for the tremendous waits.

- In certain instances (as in need CT, flora) care can be compromised. It makes no sense to see a patient, send the patient to Langley for a CT then bring them back for treatment and then possibly have to send the patient back for definitive treatment. There has to be a better solution.

- Major issues affecting the care provided by the physicians, and command and control of personnel, in the individual clinics, should be decided on by the clinicians, more then it is currently being done.

- My biggest frustrations have to do with external budgeting and staffing constraints over which the organization has little if any control. If we are to compete successfully with similar civilian organizations, we should be able to compete on a relatively even playing field with an adequate number of support staff, adequate space, up to date automation, and a better means to respond to major personnel upheavals every summer do to short fuse taskings.

- The automation systems we use should respond to the organizations needs. CHCS does not lend itself to an enpanelment model or paradigm shift to the concept of PCMs. Also, despite all the data fields in ADS, no useful information from a local managerial perspective is available.

- Need at least two exam rooms.

- CHCS should allow multiple "log on"

- Fire the Pharmacist!

- Need patient data base system with someone to run it, in order to predict needs.
- Need civilian preferred providers data base with patient surveys on their performance.
- Need traveling sub-specialists to give lectures at remote clinics, or video teleconferencing equipment.
- Would like the opportunity to deliver babies.
- Need more dedicated time to teach medics.
- Give order entry privileges to senior medics / LPNs / 91Cs
- Very unhappy with the level of paperwork involved. The most dreaded thing about seeing each patient is having to spend about 10 minutes filling out sheets of paper. This system is very inefficient in the UCC.
- Not happy with the inability to obtain after hours IVP's and emergent ultrasounds.
- Too much military staff turnover in the UCC. Medics are trained and become proficient and soon after are transferred somewhere else in the hospital.
- The biggest problem I find in this institution is staffing and communications, and upper echelon who really don't have a caring attitude for their employees, except for the Commander.
- I am very dissatisfied with the quality of care provided by TRICARE Prime 3 group, due to their lack of availability and their poorly demonstrated ability to care for patients.
- The low level of satisfaction with efficiency is due to the lack of ancillary support, necessitating physicians to be spending time stocking rooms, filing forms, even taking vital signs.
- There is much dissatisfaction over the inability to have patients seen within the military system - not only the over 65 age group.
- I get frequent calls from patients who wait 30 days to hear about consults through TRICARE Prime.
- Admin / bureaucratic delays in obtaining / installing equipment for patient care or for replacing departing critical technical staff are still incredulous to me.

- Although we try to provide and improve patient care, the admin / bureaucratic staff members (usually outside this institution) seem to fight it every step of the way (and usually win).

- I just noticed that although all but one of my radiology continuing education journals have been canceled, 12 of 19 journals up for renewal this month are administrative journals and 5 of 6 new journals for purchase are administrative journals. Is our hospital focus still on patient care? or administration?

- At a recent meeting that I attended a general officer down played the idea of the military "covering up" physician mistakes made in practice. This idea was stated in a Washington Post article on military medicine. However, there seems to be some truth to this at MACH. For example, in the UCC there have been several serious errors made by a provider with regard to evaluating patients for chest pain. The provider was counseled initially after an acute myocardial infarction was missed. Nevertheless, several more cases of myocardial infarctions were inappropriately managed. The provider continues to work at MACH. In the civilian medical community this would not be tolerated. This is a risk to the well being of our MACH customers.

Civilian Physician Comments:

- This facility should strive to accommodate schedules to meet patients needs at the time when it is more convenient to them (i.e. availability of lab, pharmacy and x-ray).

- I am happy to see that Hospital administration is interested enough in physicians to perform this survey, but there are many other specific issues that should be addressed. Questions should be asked such as: How frequently do you feel pressured by patients to provide referrals / testing / medications or risk a patient complaint? Do you feel the hospital administration encourages patients to complain? Have you received patient complaints that were not resolvable?

- MACH has the best of both worlds, both military and civilian physicians working together. From my viewpoint this is a great situation.

- The quality of care and satisfaction both for the physician and patient will be greatly improved with enrollment. That is the main thing lacking here and it is the heart of primary care to have patients impaneled.

- Expand the physical plant of primary care to allow two exam rooms per PCM. This would be ideal for the patient that needs some treatment beyond the 15 minute appointment when the PCM has to move on to see other patients

IRELAND ARMY COMMUNITY HOSPITAL
PHYSICIAN SATISFACTION SURVEY
WRITTEN COMMENTS

<u>These comments related to satisfaction within the organization were taken from the second page of the physician satisfaction questionnaire</u>: (note: These comments have been transcribed exactly the way they appeared on the survey. In an effort to organize the comments, they have been placed into a bulletize format.):

- One of the biggest problems - is our ineffective middle management layer - our NCOs. The NCOs as a whole do not function as well as their civilian counterparts. We are still very inefficient as an organization.

- Our MD's are required to prepare too many forms, etc.

- We need better and more ancillary help.

- Instead of the doc's being at the top of the food chain, we appear to be somewhere in the middle. The clerks and nurses appear to be running the show.

- The quality of care and the efficiency to provide care are controlled and adversely affected by the policies of the command that have never trained or worked in a primary care setting.

- The needs of the physicians in this facility are not being met - from both the inpatient and outpatient side of the house.

- A small majority of nursing staff do the majority of the work within the clinics and on the wards. The rest obstruct our ability to care for the patient.

- It has taken more than 3 years for the command to start properly utilizing and staffing primary clinics.

- I personally am looking forward to my ETS with great anticipation!

- The hospital should have a written policy for patients that miss their appointments and then want to be seen later that day for non-emergent problems. An example is a 0800 appointment taken but patient didn't come in until an hour and a half later, thereby backing up other patients who have come on time for their appointments.

- PROFIS requirements and field exercises take away from the ability to practice and provide care to our patients. Field training for physicians is essentially useless as we are doing the same job in garrison as in the field environment. One or two days would be plenty.

- Training every other Friday for tasks which we will almost never use takes away from our ability to provide service.

- The quality of help in the operating room is not always there. The efficiency of the operating room is poor. There is no quality of care with the instruments or CMS.

- Scheduling OR cases is often a struggle. Specifically I would like blocked time and the ability to have a more full and functional OR schedule. Time is used inefficiently.

- Incredibly incompetent ER . . . To often asked to do primary care work.

- Frequent changes in command philosophy (prior to current commander) have created confusion and uncertain opinion in patient population.

- Get rid of GMO slots - possibly change to a Medic / PA slot. Most GMO's have little interest or experience in G.P. / F.P. medicine leading to low job satisfaction. I can not meet any professional goals as a GMO.

- I was required to be on call 3 out of 4 weeks last month between covering for PAs, ARDS, and CA.RA. While I don't often get called, I hate always having to be available. I always have to have the beeper on.

- No time to acquire new skills and knowledge - One CME a week in something I am not interested in does not cut it.

- As the increase for mandatory military training increases, the amount and quality of care to patients becomes less and less. This training has never been necessary in the past and is re-given when and if mobilization occurs. Meanwhile, we have sacrifices 1-2 days per week of patient care and have also added multiple other meetings to take time out of the middle of the work day. The number of hours I see and care for patients has decreases and the number of patients requiring care has increased. These comments are not for general dissemination but, I would like the Commander to hear them!

- No activity in this hospital - don't see and treat enough "sick" patients to maintain skills.

- Hours of my required availability in this hospital are a burden on myself and my family.

- Overall - has not been bad. My biggest disappointment is the call schedule. I spend far to much time in the hospital and away from my family.

- The level of frustration I feel with trying to do my job as a physician is often the center of my discontent. The level of efficiency and the level of care we are expected to give with so little ancillary support after hours makes call sometimes unbelievable.

- The expectations of the administration are often "pipe dreams" as the support we receive from them is minimal. Not that there aren't supportive administrators but, I rarely see an administrator in this hospital after 1700hrs (other then the Commander and DCCS).

- I have become disillusioned with the floors of administration who somehow justify their positions to so called "support of the clinics" yet rarely are involved directly or indirectly with patient care.

- My main area of dissatisfaction is the amount of time I am not allowed to practice because of various Army courses and PROFIS requirements. I would estimate that 30% of this of this first year will be spent in a non-medical environment. This interferes with patient scheduling, follow-up, and professional advancement of skills.

- In reference to question number 25 *(professional abilities of the physicians within your facility)*: I perceive the quality of the average non-military MD as substandard in the sphere of my relationship with them. This pertains to ER staffing and its affiliated clinic. When I think that families depend on the physicians in this role, of questionably quality, I am not reassured. Anything we can do to attract better MDs would be worth it.

- Major obstacles to providing care is the lack of leadership among mid-level administrators, its constant direction changes on policy at all levels, and the failure to involve "front line" physicians and nurses in the development of its policies.

- Every month the amount of paperwork, email, mandatory training increases and the time available for patients decreases.

- We are told professional development is important but there is no real support from the Command for physicians to improve their skills.

- I would not recommend a military career for a physician and would not recommend a PCS to Fort Knox which is unfortunate since this is a nice place to live and the staff are overall excellent and want to do well.

- There is a lack of support for primary care physicians in general and pediatrics in particular.

- Too much bureaucracy exists.

- Those in administrative positions are out of touch with what really occurs in the clinics on a day to day basis.

- Need to survey our patients for their satisfaction regarding clinic hours. They tell me they want evening, weekend, and holiday clinic hours.

- Regarding my satisfaction, my pay is 50% of what I could make on the outside. GMO's coming of active duty are being offered 30% more then I make and they are not residency trained nor board certified in anything.

- I am unable to maintain my skills by only practicing in this MTF.

- Although I am the chief of my service, I have little or no authority or control of my areas working conditions, personnel or policies. This has also led to great frustration; so much so that I no longer wish to practice this specialty in or for the U.S. Army. If there was a method to be released from active duty without a financial debt I would take that opportunity tomorrow.

- I have asked all of my colleagues what incentive there is for staying in the U.S. Army Medical Corps and all but the "leaders - administrators" physicians agree there is absolutely no reason to remain on active duty. Medical Corps moral is extremely low.

- My families future, my medical skills, my retirement income, and my overall satisfaction would be much better served out of the U.S. Army.

- We as physicians, are almost never recognized for the excellent service we provide our patients under the conditions we suffer.

- Each time a new procedure is initiated with new paperwork, it falls on the physician to complete it (ADS bubble sheets, CHCS order entry, etc.). This leads to further physician dissatisfaction. This does not occur in medical facilities other then government.

- The physician to provider support staff ratio is inadequate. Where I work outside this facility there are no less then 8 other people assisting just me as the provider to see patients. Outside agencies would not dream of asking the provider to use a computer for order entry.

- The bureaucracy is bloated and inefficient. It does not actively support the clinician.